

(Reprinted with amendments adopted on April 16, 2021)

FIRST REPRINT

S.B. 251

SENATE BILL NO. 251—SENATORS SEEVERS GANSERT; BUCK, CANNIZZARO, DONDERO LOOP, D. HARRIS, LANGE, NEAL AND SPEARMAN

MARCH 15, 2021

JOINT SPONSOR: ASSEMBLYWOMAN TOLLES

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to genetic counseling and testing. (BDR 40-478)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§§ 5, 6)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to health care; requiring certain providers of health care to screen women for harmful BRCA gene mutations and provide referrals for genetic counseling and testing under certain circumstances; requiring notice concerning genetic counseling and testing to be provided with the results of a mammogram; authorizing certain providers of health care to receive credit for continuing education relating to genetic counseling and testing; requiring certain policies of health insurance to include coverage for screening, genetic counseling and testing for harmful BRCA gene mutations for certain women; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing federal law requires a health insurer issuer to cover certain preventive
2 services, including evidence-based items or services that have in effect a rating of
3 “A” or “B” in the current recommendations of the United States Preventive
4 Services Task Force. (42 U.S.C. § 300gg-13) The United States Preventive Services
5 Task Force has recommended with a rating of “B” that: (1) primary care clinicians
6 assess women with a personal or family history of breast, ovarian, tubal or



7 peritoneal cancer or who have an ancestry associated with breast cancer
8 susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial
9 risk assessment tool; and (2) women with a positive result on the risk assessment
10 tool should receive genetic counseling and, if indicated after counseling, genetic
11 testing. (United States Preventive Services Task Force, *Risk Assessment, Genetic*
12 *Counseling, and Genetic Testing for BRCA-Related Cancer*, 322 JAMA 7, at pages
13 652-65, August 20, 2019) **Section 1** of this bill requires a primary care provider to
14 conduct screening, conduct or refer for genetic counseling and conduct or refer for
15 genetic testing in accordance with those federal recommendations.

16 **Section 2** of this bill requires a notice to be sent to a woman with the results of
17 a mammogram advising the woman to talk to her doctor about genetic counseling
18 and testing if there is a history of certain types of cancer in her family. Existing law
19 provides that a person who violates certain provisions relating to cancer is guilty of
20 a misdemeanor or, for a third or subsequent violation, a category D felony. (NRS
21 457.200, 457.220) A person who fails to provide the notice required by **section 2**
22 would be subject to these penalties. **Sections 1, 2.5 and 3** of this bill exempt a
23 primary care provider who fails to comply with the provisions of **section 1** from
24 those criminal penalties. **Sections 1 and 9.5** of this bill additionally provide that a
25 primary care provider who fails to comply with the provisions of **section 1** is not
26 subject to professional discipline.

27 **Sections 8, 10 and 11** of this bill authorize a physician, physician assistant or
28 advanced practice registered nurse to receive credit toward applicable continuing
29 education requirements for completing a course of instruction relating to genetic
30 counseling and genetic testing.

31 Existing law requires public and private policies of insurance regulated under
32 Nevada law to include certain coverage. (NRS 287.010, 287.04335, 422.2712-
33 422.27241, 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1655-689C.169,
34 689C.194-689C.195, 695A.184-695A.1875, 695B.1901-695B.1948, 695C.1691-
35 695C.176, 695G.162-695G.177) Existing law also requires employers to provide
36 certain benefits to employees, including the coverage required of health insurers, if
37 the employer provides health benefits for its employees. (NRS 608.1555) **Sections**
38 **5-7, 12, 14, 15, 17-20 and 22** of this bill require certain public and private health
39 plans, including Medicaid, to provide coverage for screening, genetic counseling
40 and testing for harmful mutations in the BRCA gene where such screening, genetic
41 counseling or testing, as applicable, is required by **section 1**. **Sections 4, 13 and 16**
42 of this bill make conforming changes to indicate the placement of **sections 7, 12**
43 **and 15** in the Nevada Revised Statutes. **Section 21** of this bill authorizes the
44 Commissioner of Insurance to suspend or revoke the certificate of a health
45 maintenance organization that fails to comply with the requirement of **section 19** of
46 this bill to provide coverage for screening, genetic counseling and testing for
47 harmful mutations in the BRCA gene where such screening, genetic counseling or
48 testing, as applicable, is required by **section 1**. The Commissioner would also be
49 authorized to take such action against other health insurers who fail to comply with
50 the requirements of **sections 12, 14, 15, 17, 18 and 22** of this bill. (NRS 680A.200)

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** Chapter 457 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 ***1. A primary care provider shall:***



1 (a) Attempt to determine whether each adult woman to whom
2 he or she provides care has a personal or family history of breast,
3 ovarian, tubal or peritoneal cancer or an ancestry associated with
4 a harmful mutation in the BRCA gene or meets any other criteria
5 under which the United States Preventive Services Task Force has
6 recommended screening for a risk of such a mutation; and

7 (b) If the primary care provider determines that an adult
8 woman to whom he or she provides care meets the criteria
9 described in paragraph (a) and has not previously undergone
10 genetic testing for a harmful mutation in the BRCA gene, use an
11 appropriate brief familial risk assessment tool to screen for a risk
12 of such a mutation.

13 2. If such a screening indicates that a woman is at risk of a
14 harmful mutation in the BRCA gene, the primary care provider
15 must:

16 (a) Provide the woman with written notice of the need to
17 discuss genetic counseling and testing with the provider;

18 (b) Provide genetic counseling to the woman or ensure that the
19 woman is referred for genetic counseling; and

20 (c) If a genetic test for harmful mutations in the BRCA gene is
21 clinically indicated as a result of the genetic counseling,
22 administer such a test to the woman or ensure that the woman is
23 referred for such testing.

24 3. A primary care provider who fails to comply with this
25 section is not subject to criminal penalties or professional
26 discipline for such failure to comply.

27 4. As used in this section, "primary care provider" means:

28 (a) A physician, physician assistant licensed pursuant to
29 chapter 630 or 633 of NRS or advanced practice registered nurse
30 who specializes in primary care, family medicine, internal
31 medicine or obstetrics and gynecology; or

32 (b) A midwife.

33 **Sec. 2.** NRS 457.1857 is hereby amended to read as follows:

34 457.1857 1. If a patient undergoes mammography, the
35 owner, lessee or other person responsible for the radiation machine
36 for mammography that was used to perform the mammography
37 must ensure that each report provided to the patient pursuant to
38 U.S.C. § 263b(f)(1)(G)(ii)(IV) includes, without limitation, a
39 statement of the category of the patient's breast density which is
40 determined based on the Breast Imaging Reporting and Data System
41 or such other guidelines as required by the State Board of Health by
42 regulation, and, if applicable, the notice provided in subsection 2.

43 2. If the statement of the category of the patient's breast
44 density which is provided pursuant to subsection 1 indicates that the



1 breast tissue is dense, the report described in subsection 1 must also
2 include a notice in the following form:

3
4 Your mammogram shows that your breast tissue is dense.
5 Dense breast tissue is common and is not abnormal.
6 However, dense breast tissue can make it harder to evaluate
7 the results of your mammogram and may also be associated
8 with an increased risk of breast cancer. This information
9 about the results of your mammogram is given to you to raise
10 your awareness and to inform your conversations with your
11 physician. Together, you can decide which screening options
12 are right for you. A report of your results was sent to your
13 physician.
14

15 3. *The report described in subsection 1 must include a notice*
16 *in the following form:*
17

18 *Ten to twenty percent of all cancers can be categorized*
19 *as hereditary and the clinical and financial value of*
20 *identifying patients and families at risk is well documented.*
21 *If you have a personal or family history of breast, ovarian,*
22 *fallopian tube, peritoneal or other cancer, please consult*
23 *your physician regarding genetic counseling and testing.*
24

25 4. Nothing in this section shall be construed to:

26 (a) Create a duty of care or other legal obligation beyond the
27 duty to provide the notice as set forth in this section.

28 (b) Require a notice to be provided to a patient that is
29 inconsistent with the notice required by the provisions of 42 U.S.C.
30 § 263b or any regulations promulgated pursuant thereto.

31 **Sec. 2.5.** NRS 457.200 is hereby amended to read as follows:

32 457.200 ~~[The]~~ *Except as otherwise provided in section 1 of*
33 *this act, the* failure of any person or association, representing that
34 the person or association as engaged in the diagnosis, treatment or
35 cure of cancer, to comply with any of the provisions of this chapter,
36 or with any order of the Division validly issued under this chapter, is
37 a misdemeanor.

38 **Sec. 3.** NRS 457.220 is hereby amended to read as follows:

39 457.220 1. Except as otherwise provided in subsection 2, a
40 person convicted of a violation of any provision of this chapter, who
41 has previously been convicted twice or more of violations of any
42 provisions of this chapter, is guilty of a category D felony and shall
43 be punished as provided in NRS 193.130.



1 2. The penalty provided in subsection 1 does not apply to
2 violations of NRS 457.230 to 457.280, inclusive **H**, *or section 1 of*
3 *this act.*

4 **Sec. 4.** NRS 232.320 is hereby amended to read as follows:

5 232.320 1. The Director:

6 (a) Shall appoint, with the consent of the Governor,
7 administrators of the divisions of the Department, who are
8 respectively designated as follows:

9 (1) The Administrator of the Aging and Disability Services
10 Division;

11 (2) The Administrator of the Division of Welfare and
12 Supportive Services;

13 (3) The Administrator of the Division of Child and Family
14 Services;

15 (4) The Administrator of the Division of Health Care
16 Financing and Policy; and

17 (5) The Administrator of the Division of Public and
18 Behavioral Health.

19 (b) Shall administer, through the divisions of the Department,
20 the provisions of chapters 63, 424, 425, 427A, 432A to 442,
21 inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS
22 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and*
23 *section 7 of this act*, 422.580, 432.010 to 432.133, inclusive,
24 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive,
25 and 445A.010 to 445A.055, inclusive, and all other provisions of
26 law relating to the functions of the divisions of the Department, but
27 is not responsible for the clinical activities of the Division of Public
28 and Behavioral Health or the professional line activities of the other
29 divisions.

30 (c) Shall administer any state program for persons with
31 developmental disabilities established pursuant to the
32 Developmental Disabilities Assistance and Bill of Rights Act of
33 2000, 42 U.S.C. §§ 15001 et seq.

34 (d) Shall, after considering advice from agencies of local
35 governments and nonprofit organizations which provide social
36 services, adopt a master plan for the provision of human services in
37 this State. The Director shall revise the plan biennially and deliver a
38 copy of the plan to the Governor and the Legislature at the
39 beginning of each regular session. The plan must:

40 (1) Identify and assess the plans and programs of the
41 Department for the provision of human services, and any
42 duplication of those services by federal, state and local agencies;

43 (2) Set forth priorities for the provision of those services;



1 (3) Provide for communication and the coordination of those
2 services among nonprofit organizations, agencies of local
3 government, the State and the Federal Government;

4 (4) Identify the sources of funding for services provided by
5 the Department and the allocation of that funding;

6 (5) Set forth sufficient information to assist the Department
7 in providing those services and in the planning and budgeting for the
8 future provision of those services; and

9 (6) Contain any other information necessary for the
10 Department to communicate effectively with the Federal
11 Government concerning demographic trends, formulas for the
12 distribution of federal money and any need for the modification of
13 programs administered by the Department.

14 (e) May, by regulation, require nonprofit organizations and state
15 and local governmental agencies to provide information regarding
16 the programs of those organizations and agencies, excluding
17 detailed information relating to their budgets and payrolls, which the
18 Director deems necessary for the performance of the duties imposed
19 upon him or her pursuant to this section.

20 (f) Has such other powers and duties as are provided by law.

21 2. Notwithstanding any other provision of law, the Director, or
22 the Director's designee, is responsible for appointing and removing
23 subordinate officers and employees of the Department.

24 **Sec. 5.** NRS 287.010 is hereby amended to read as follows:

25 287.010 1. The governing body of any county, school
26 district, municipal corporation, political subdivision, public
27 corporation or other local governmental agency of the State of
28 Nevada may:

29 (a) Adopt and carry into effect a system of group life, accident
30 or health insurance, or any combination thereof, for the benefit of its
31 officers and employees, and the dependents of officers and
32 employees who elect to accept the insurance and who, where
33 necessary, have authorized the governing body to make deductions
34 from their compensation for the payment of premiums on the
35 insurance.

36 (b) Purchase group policies of life, accident or health insurance,
37 or any combination thereof, for the benefit of such officers and
38 employees, and the dependents of such officers and employees, as
39 have authorized the purchase, from insurance companies authorized
40 to transact the business of such insurance in the State of Nevada,
41 and, where necessary, deduct from the compensation of officers and
42 employees the premiums upon insurance and pay the deductions
43 upon the premiums.

44 (c) Provide group life, accident or health coverage through a
45 self-insurance reserve fund and, where necessary, deduct



1 contributions to the maintenance of the fund from the compensation
2 of officers and employees and pay the deductions into the fund. The
3 money accumulated for this purpose through deductions from the
4 compensation of officers and employees and contributions of the
5 governing body must be maintained as an internal service fund as
6 defined by NRS 354.543. The money must be deposited in a state or
7 national bank or credit union authorized to transact business in the
8 State of Nevada. Any independent administrator of a fund created
9 under this section is subject to the licensing requirements of chapter
10 683A of NRS, and must be a resident of this State. Any contract
11 with an independent administrator must be approved by the
12 Commissioner of Insurance as to the reasonableness of
13 administrative charges in relation to contributions collected and
14 benefits provided. The provisions of NRS 687B.408, 689B.030 to
15 689B.050, inclusive, *and section 14 of this act*, 689B.287 and
16 689B.500 apply to coverage provided pursuant to this paragraph,
17 except that the provisions of NRS 689B.0378, 689B.03785 and
18 689B.500 only apply to coverage for active officers and employees
19 of the governing body, or the dependents of such officers and
20 employees.

21 (d) Defray part or all of the cost of maintenance of a self-
22 insurance fund or of the premiums upon insurance. The money for
23 contributions must be budgeted for in accordance with the laws
24 governing the county, school district, municipal corporation,
25 political subdivision, public corporation or other local governmental
26 agency of the State of Nevada.

27 2. If a school district offers group insurance to its officers and
28 employees pursuant to this section, members of the board of trustees
29 of the school district must not be excluded from participating in the
30 group insurance. If the amount of the deductions from compensation
31 required to pay for the group insurance exceeds the compensation to
32 which a trustee is entitled, the difference must be paid by the trustee.

33 3. In any county in which a legal services organization exists,
34 the governing body of the county, or of any school district,
35 municipal corporation, political subdivision, public corporation or
36 other local governmental agency of the State of Nevada in the
37 county, may enter into a contract with the legal services
38 organization pursuant to which the officers and employees of the
39 legal services organization, and the dependents of those officers and
40 employees, are eligible for any life, accident or health insurance
41 provided pursuant to this section to the officers and employees, and
42 the dependents of the officers and employees, of the county, school
43 district, municipal corporation, political subdivision, public
44 corporation or other local governmental agency.



1 4. If a contract is entered into pursuant to subsection 3, the
2 officers and employees of the legal services organization:

3 (a) Shall be deemed, solely for the purposes of this section, to be
4 officers and employees of the county, school district, municipal
5 corporation, political subdivision, public corporation or other local
6 governmental agency with which the legal services organization has
7 contracted; and

8 (b) Must be required by the contract to pay the premiums or
9 contributions for all insurance which they elect to accept or of which
10 they authorize the purchase.

11 5. A contract that is entered into pursuant to subsection 3:

12 (a) Must be submitted to the Commissioner of Insurance for
13 approval not less than 30 days before the date on which the contract
14 is to become effective.

15 (b) Does not become effective unless approved by the
16 Commissioner.

17 (c) Shall be deemed to be approved if not disapproved by the
18 Commissioner within 30 days after its submission.

19 6. As used in this section, "legal services organization" means
20 an organization that operates a program for legal aid and receives
21 money pursuant to NRS 19.031.

22 **Sec. 6.** NRS 287.04335 is hereby amended to read as follows:

23 287.04335 If the Board provides health insurance through a
24 plan of self-insurance, it shall comply with the provisions of NRS
25 687B.409, 689B.255, 695G.150, 695G.155, 695G.160, 695G.162,
26 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to
27 695G.174, inclusive, 695G.177, 695G.200 to 695G.230, inclusive,
28 695G.241 to 695G.310, inclusive, and 695G.405, *and section 22 of*
29 *this act* in the same manner as an insurer that is licensed pursuant to
30 title 57 of NRS is required to comply with those provisions.

31 **Sec. 7.** Chapter 422 of NRS is hereby amended by adding
32 thereto a new section to read as follows:

33 *The Director shall include in the State Plan for Medicaid a*
34 *requirement that the State, to the extent authorized by federal law,*
35 *must pay the nonfederal share of expenditures incurred for*
36 *screening, genetic counseling and testing for harmful mutations*
37 *in the BRCA gene for women under circumstances where such*
38 *screening, genetic counseling or testing, as applicable, is required*
39 *by section 1 of this act.*

40 **Sec. 8.** NRS 630.253 is hereby amended to read as follows:

41 630.253 1. The Board shall, as a prerequisite for the:

42 (a) Renewal of a license as a physician assistant; or

43 (b) Biennial registration of the holder of a license to practice
44 medicine,



1 ↪ require each holder to submit evidence of compliance with the
2 requirements for continuing education as set forth in regulations
3 adopted by the Board.

4 2. These requirements:

5 (a) May provide for the completion of one or more courses of
6 instruction relating to risk management in the performance of
7 medical services.

8 (b) Must provide for the completion of a course of instruction,
9 within 2 years after initial licensure, relating to the medical
10 consequences of an act of terrorism that involves the use of a
11 weapon of mass destruction. The course must provide at least 4
12 hours of instruction that includes instruction in the following
13 subjects:

14 (1) An overview of acts of terrorism and weapons of mass
15 destruction;

16 (2) Personal protective equipment required for acts of
17 terrorism;

18 (3) Common symptoms and methods of treatment associated
19 with exposure to, or injuries caused by, chemical, biological,
20 radioactive and nuclear agents;

21 (4) Syndromic surveillance and reporting procedures for acts
22 of terrorism that involve biological agents; and

23 (5) An overview of the information available on, and the use
24 of, the Health Alert Network.

25 (c) Must provide for the completion by a holder of a license to
26 practice medicine of a course of instruction within 2 years after
27 initial licensure that provides at least 2 hours of instruction on
28 evidence-based suicide prevention and awareness as described in
29 subsection 5.

30 *(d) Must allow the holder of a license to receive credit toward*
31 *the total amount of continuing education required by the Board*
32 *for the completion of a course of instruction relating to genetic*
33 *counseling and genetic testing.*

34 ↪ The Board may thereafter determine whether to include in a
35 program of continuing education additional courses of instruction
36 relating to the medical consequences of an act of terrorism that
37 involves the use of a weapon of mass destruction.

38 3. The Board shall encourage each holder of a license who
39 treats or cares for persons who are more than 60 years of age to
40 receive, as a portion of their continuing education, education in
41 geriatrics and gerontology, including such topics as:

42 (a) The skills and knowledge that the licensee needs to address
43 aging issues;

44 (b) Approaches to providing health care to older persons,
45 including both didactic and clinical approaches;



1 (c) The biological, behavioral, social and emotional aspects of
2 the aging process; and

3 (d) The importance of maintenance of function and
4 independence for older persons.

5 4. The Board shall encourage each holder of a license to
6 practice medicine to receive, as a portion of his or her continuing
7 education, training concerning methods for educating patients about
8 how to effectively manage medications, including, without
9 limitation, the ability of the patient to request to have the symptom
10 or purpose for which a drug is prescribed included on the label
11 attached to the container of the drug.

12 5. The Board shall require each holder of a license to practice
13 medicine to receive as a portion of his or her continuing education at
14 least 2 hours of instruction every 4 years on evidence-based suicide
15 prevention and awareness, which may include, without limitation,
16 instruction concerning:

17 (a) The skills and knowledge that the licensee needs to detect
18 behaviors that may lead to suicide, including, without limitation,
19 post-traumatic stress disorder;

20 (b) Approaches to engaging other professionals in suicide
21 intervention; and

22 (c) The detection of suicidal thoughts and ideations and the
23 prevention of suicide.

24 6. The Board shall encourage each holder of a license to
25 practice medicine or as a physician assistant to receive, as a portion
26 of his or her continuing education, training and education in the
27 diagnosis of rare diseases, including, without limitation:

28 (a) Recognizing the symptoms of pediatric cancer; and

29 (b) Interpreting family history to determine whether such
30 symptoms indicate a normal childhood illness or a condition that
31 requires additional examination.

32 7. A holder of a license to practice medicine may not substitute
33 the continuing education credits relating to suicide prevention and
34 awareness required by this section for the purposes of satisfying an
35 equivalent requirement for continuing education in ethics.

36 8. A holder of a license to practice medicine may substitute not
37 more than 2 hours of continuing education credits in pain
38 management or care for persons with an addictive disorder for the
39 purposes of satisfying an equivalent requirement for continuing
40 education in ethics.

41 9. As used in this section:

42 (a) "Act of terrorism" has the meaning ascribed to it in
43 NRS 202.4415.

44 (b) "Biological agent" has the meaning ascribed to it in
45 NRS 202.442.



1 (c) "Chemical agent" has the meaning ascribed to it in
2 NRS 202.4425.

3 (d) "Radioactive agent" has the meaning ascribed to it in
4 NRS 202.4437.

5 (e) "Weapon of mass destruction" has the meaning ascribed to it
6 in NRS 202.4445.

7 **Sec. 9.** (Deleted by amendment.)

8 **Sec. 9.5.** NRS 630.3065 is hereby amended to read as follows:
9 630.3065 The following acts, among others, constitute grounds
10 for initiating disciplinary action or denying licensure:

11 1. Knowingly or willfully disclosing a communication
12 privileged pursuant to a statute or court order.

13 2. Knowingly or willfully failing to comply with:

14 (a) A regulation, subpoena or order of the Board or a committee
15 designated by the Board to investigate a complaint against a
16 physician;

17 (b) A court order relating to this chapter; or

18 (c) A provision of this chapter.

19 3. ~~Knowingly~~ *Except as otherwise provided in section 1 of*
20 *this act, knowingly* or willfully failing to perform a statutory or
21 other legal obligation imposed upon a licensed physician, including
22 a violation of the provisions of NRS 439B.410.

23 **Sec. 10.** NRS 632.343 is hereby amended to read as follows:

24 632.343 1. The Board shall not renew any license issued
25 under this chapter until the licensee has submitted proof satisfactory
26 to the Board of completion, during the 2-year period before renewal
27 of the license, of 30 hours in a program of continuing education
28 approved by the Board in accordance with regulations adopted by
29 the Board. Except as otherwise provided in subsection 3, the
30 licensee is exempt from this provision for the first biennial period
31 after graduation from:

32 (a) An accredited school of professional nursing;

33 (b) An accredited school of practical nursing;

34 (c) An approved school of professional nursing in the process of
35 obtaining accreditation; or

36 (d) An approved school of practical nursing in the process of
37 obtaining accreditation.

38 2. The Board shall review all courses offered to nurses for the
39 completion of the requirement set forth in subsection 1. The Board
40 may approve nursing and other courses which are directly related to
41 the practice of nursing as well as others which bear a reasonable
42 relationship to current developments in the field of nursing or any
43 special area of practice in which a licensee engages. These may
44 include academic studies, workshops, extension studies, home study
45 and other courses.



1 3. The program of continuing education required by subsection
2 1 must include:

3 (a) For a person licensed as an advanced practice registered
4 ~~nurse,~~ **nurse:**

5 (1) **A** course of instruction to be completed within 2 years
6 after initial licensure that provides at least 2 hours of instruction on
7 suicide prevention and awareness as described in subsection 5.

8 (2) ***The ability to receive credit toward the total amount of***
9 ***continuing education required by subsection 1 for the completion***
10 ***of a course of instruction relating to genetic counseling and***
11 ***genetic testing.***

12 (b) For each person licensed pursuant to this chapter, a course of
13 instruction, to be completed within 2 years after initial licensure,
14 relating to the medical consequences of an act of terrorism that
15 involves the use of a weapon of mass destruction. The course must
16 provide at least 4 hours of instruction that includes instruction in the
17 following subjects:

18 (1) An overview of acts of terrorism and weapons of mass
19 destruction;

20 (2) Personal protective equipment required for acts of
21 terrorism;

22 (3) Common symptoms and methods of treatment associated
23 with exposure to, or injuries caused by, chemical, biological,
24 radioactive and nuclear agents;

25 (4) Syndromic surveillance and reporting procedures for acts
26 of terrorism that involve biological agents; and

27 (5) An overview of the information available on, and the use
28 of, the Health Alert Network.

29 ↪ The Board may thereafter determine whether to include in a
30 program of continuing education additional courses of instruction
31 relating to the medical consequences of an act of terrorism that
32 involves the use of a weapon of mass destruction.

33 4. The Board shall encourage each licensee who treats or cares
34 for persons who are more than 60 years of age to receive, as a
35 portion of their continuing education, education in geriatrics and
36 gerontology, including such topics as:

37 (a) The skills and knowledge that the licensee needs to address
38 aging issues;

39 (b) Approaches to providing health care to older persons,
40 including both didactic and clinical approaches;

41 (c) The biological, behavioral, social and emotional aspects of
42 the aging process; and

43 (d) The importance of maintenance of function and
44 independence for older persons.



1 5. The Board shall require each person licensed as an advanced
2 practice registered nurse to receive as a portion of his or her
3 continuing education at least 2 hours of instruction every 4 years on
4 evidence-based suicide prevention and awareness or another course
5 of instruction on suicide prevention and awareness that is approved
6 by the Board which the Board has determined to be effective and
7 appropriate.

8 6. The Board shall encourage each person licensed as an
9 advanced practice registered nurse to receive, as a portion of his or
10 her continuing education, training and education in the diagnosis of
11 rare diseases, including, without limitation:

12 (a) Recognizing the symptoms of pediatric cancer; and

13 (b) Interpreting family history to determine whether such
14 symptoms indicate a normal childhood illness or a condition that
15 requires additional examination.

16 7. As used in this section:

17 (a) "Act of terrorism" has the meaning ascribed to it in
18 NRS 202.4415.

19 (b) "Biological agent" has the meaning ascribed to it in
20 NRS 202.442.

21 (c) "Chemical agent" has the meaning ascribed to it in
22 NRS 202.4425.

23 (d) "Radioactive agent" has the meaning ascribed to it in
24 NRS 202.4437.

25 (e) "Weapon of mass destruction" has the meaning ascribed to it
26 in NRS 202.4445.

27 **Sec. 11.** NRS 633.471 is hereby amended to read as follows:

28 633.471 1. Except as otherwise provided in subsection ~~10~~
29 **11** and NRS 633.491, every holder of a license issued under this
30 chapter, except a temporary or a special license, may renew the
31 license on or before January 1 of each calendar year after its
32 issuance by:

33 (a) Applying for renewal on forms provided by the Board;

34 (b) Paying the annual license renewal fee specified in this
35 chapter;

36 (c) Submitting a list of all actions filed or claims submitted to
37 arbitration or mediation for malpractice or negligence against the
38 holder during the previous year;

39 (d) Submitting evidence to the Board that in the year preceding
40 the application for renewal the holder has attended courses or
41 programs of continuing education approved by the Board in
42 accordance with regulations adopted by the Board totaling a number
43 of hours established by the Board which must not be less than 35
44 hours nor more than that set in the requirements for continuing
45 medical education of the American Osteopathic Association; and



1 (e) Submitting all information required to complete the renewal.
2 2. The Secretary of the Board shall notify each licensee of the
3 requirements for renewal not less than 30 days before the date of
4 renewal.

5 3. The Board shall request submission of verified evidence of
6 completion of the required number of hours of continuing medical
7 education annually from no fewer than one-third of the applicants
8 for renewal of a license to practice osteopathic medicine or a license
9 to practice as a physician assistant. Upon a request from the Board,
10 an applicant for renewal of a license to practice osteopathic
11 medicine or a license to practice as a physician assistant shall submit
12 verified evidence satisfactory to the Board that in the year preceding
13 the application for renewal the applicant attended courses or
14 programs of continuing medical education approved by the Board
15 totaling the number of hours established by the Board.

16 4. The Board shall require each holder of a license to practice
17 osteopathic medicine to complete a course of instruction within 2
18 years after initial licensure that provides at least 2 hours of
19 instruction on evidence-based suicide prevention and awareness as
20 described in subsection ~~§ 8-19~~.

21 5. The Board shall encourage each holder of a license to
22 practice osteopathic medicine to receive, as a portion of his or her
23 continuing education, training concerning methods for educating
24 patients about how to effectively manage medications, including,
25 without limitation, the ability of the patient to request to have the
26 symptom or purpose for which a drug is prescribed included on the
27 label attached to the container of the drug.

28 6. The Board shall encourage each holder of a license to
29 practice osteopathic medicine or as a physician assistant to receive,
30 as a portion of his or her continuing education, training and
31 education in the diagnosis of rare diseases, including, without
32 limitation:

- 33 (a) Recognizing the symptoms of pediatric cancer; and
34 (b) Interpreting family history to determine whether such
35 symptoms indicate a normal childhood illness or a condition that
36 requires additional examination.

37 7. The Board shall require, as part of the continuing education
38 requirements approved by the Board, the biennial completion by a
39 holder of a license to practice osteopathic medicine of at least 2
40 hours of continuing education credits in ethics, pain management or
41 care of persons with addictive disorders.

42 8. *The continuing education requirements approved by the*
43 *Board must allow the holder of a license as an osteopathic*
44 *physician or physician assistant to receive credit toward the total*
45 *amount of continuing education required by the Board for the*



1 *completion of a course of instruction relating to genetic*
2 *counseling and genetic testing.*

3 9. The Board shall require each holder of a license to practice
4 osteopathic medicine to receive as a portion of his or her continuing
5 education at least 2 hours of instruction every 4 years on evidence-
6 based suicide prevention and awareness which may include, without
7 limitation, instruction concerning:

8 (a) The skills and knowledge that the licensee needs to detect
9 behaviors that may lead to suicide, including, without limitation,
10 post-traumatic stress disorder;

11 (b) Approaches to engaging other professionals in suicide
12 intervention; and

13 (c) The detection of suicidal thoughts and ideations and the
14 prevention of suicide.

15 ~~9.1~~ 10. A holder of a license to practice osteopathic medicine
16 may not substitute the continuing education credits relating to
17 suicide prevention and awareness required by this section for the
18 purposes of satisfying an equivalent requirement for continuing
19 education in ethics.

20 ~~10.1~~ 11. Members of the Armed Forces of the United States
21 and the United States Public Health Service are exempt from
22 payment of the annual license renewal fee during their active duty
23 status.

24 **Sec. 12.** Chapter 689A of NRS is hereby amended by adding
25 thereto a new section to read as follows:

26 1. *An insurer that issues a policy of health insurance shall*
27 *provide coverage for screening, genetic counseling and testing for*
28 *harmful mutations in the BRCA gene for women under*
29 *circumstances where such screening, genetic counseling or*
30 *testing, as applicable, is required by section 1 of this act.*

31 2. *An insurer shall ensure that the benefits required by*
32 *subsection 1 are made available to an insured through a provider*
33 *of health care who participates in the network plan of the insurer.*

34 3. *A policy of health insurance subject to the provisions of*
35 *this chapter that is delivered, issued for delivery or renewed on or*
36 *after January 1, 2022, has the legal effect of including the*
37 *coverage required by subsection 1, and any provision of the policy*
38 *that conflicts with the provisions of this section is void.*

39 4. *As used in this section:*

40 (a) *“Network plan” means a policy of health insurance offered*
41 *by an insurer under which the financing and delivery of medical*
42 *care, including items and services paid for as medical care, are*
43 *provided, in whole or in part, through a defined set of providers*
44 *under contract with the insurer. The term does not include an*
45 *arrangement for the financing of premiums.*



1 *(b) "Provider of health care" has the meaning ascribed to it in*
2 *NRS 629.031.*

3 **Sec. 13.** NRS 689A.330 is hereby amended to read as follows:

4 689A.330 If any policy is issued by a domestic insurer for
5 delivery to a person residing in another state, and if the insurance
6 commissioner or corresponding public officer of that other state has
7 informed the Commissioner that the policy is not subject to approval
8 or disapproval by that officer, the Commissioner may by ruling
9 require that the policy meet the standards set forth in NRS 689A.030
10 to 689A.320, inclusive **[H]**, *and section 12 of this act.*

11 **Sec. 14.** Chapter 689B of NRS is hereby amended by adding
12 thereto a new section to read as follows:

13 *1. An insurer that issues a policy of group health insurance*
14 *shall provide coverage for screening, genetic counseling and*
15 *testing for harmful mutations in the BRCA gene for women under*
16 *circumstances where such screening, genetic counseling or*
17 *testing, as applicable, is required by section 1 of this act.*

18 *2. An insurer shall ensure that the benefits required by*
19 *subsection 1 are made available to an insured through a provider*
20 *of health care who participates in the network plan of the insurer.*

21 *3. A policy of group health insurance subject to the*
22 *provisions of this chapter that is delivered, issued for delivery or*
23 *renewed on or after January 1, 2022, has the legal effect of*
24 *including the coverage required by subsection 1, and any*
25 *provision of the policy that conflicts with the provisions of this*
26 *section is void.*

27 *4. As used in this section:*

28 *(a) "Network plan" means a policy of group health insurance*
29 *offered by an insurer under which the financing and delivery of*
30 *medical care, including items and services paid for as medical*
31 *care, are provided, in whole or in part, through a defined set of*
32 *providers under contract with the insurer. The term does not*
33 *include an arrangement for the financing of premiums.*

34 *(b) "Provider of health care" has the meaning ascribed to it in*
35 *NRS 629.031.*

36 **Sec. 15.** Chapter 689C of NRS is hereby amended by adding
37 thereto a new section to read as follows:

38 *1. A carrier that issues a health benefit plan shall provide*
39 *coverage for screening, genetic counseling and testing for harmful*
40 *mutations in the BRCA gene for women under circumstances*
41 *where such screening, genetic counseling or testing, as applicable,*
42 *is required by section 1 of this act.*

43 *2. A carrier shall ensure that the benefits required by*
44 *subsection 1 are made available to an insured through a provider*
45 *of health care who participates in the network plan of the carrier.*



1 3. *A health benefit plan subject to the provisions of this*
2 *chapter that is delivered, issued for delivery or renewed on or after*
3 *July 1, 2021, has the legal effect of including the coverage*
4 *required by subsection 1, and any provision of the plan that*
5 *conflicts with the provisions of this section is void.*

6 4. *As used in this section, "provider of health care" has the*
7 *meaning ascribed to it in NRS 629.031.*

8 **Sec. 16.** NRS 689C.425 is hereby amended to read as follows:

9 689C.425 A voluntary purchasing group and any contract
10 issued to such a group pursuant to NRS 689C.360 to 689C.600,
11 inclusive, are subject to the provisions of NRS 689C.015 to
12 689C.355, inclusive, *and section 15 of this act* to the extent
13 applicable and not in conflict with the express provisions of NRS
14 687B.408 and 689C.360 to 689C.600, inclusive.

15 **Sec. 17.** Chapter 695A of NRS is hereby amended by adding
16 thereto a new section to read as follows:

17 1. *A society that issues a benefit contract shall provide*
18 *coverage for screening, genetic counseling and testing for harmful*
19 *mutations in the BRCA gene for women under circumstances*
20 *where such screening, genetic counseling or testing, as applicable,*
21 *is required by section 1 of this act.*

22 2. *A society shall ensure that the benefits required by*
23 *subsection 1 are made available to an insured through a provider*
24 *of health care who participates in the network plan of the society.*

25 3. *A benefit contract subject to the provisions of this chapter*
26 *that is delivered, issued for delivery or renewed on or after*
27 *January 1, 2022, has the legal effect of including the coverage*
28 *required by subsection 1, and any provision of the plan that*
29 *conflicts with the provisions of this section is void.*

30 4. *As used in this section:*

31 (a) *"Network plan" means a benefit contract offered by a*
32 *society under which the financing and delivery of medical care,*
33 *including items and services paid for as medical care, are*
34 *provided, in whole or in part, through a defined set of providers*
35 *under contract with the society. The term does not include an*
36 *arrangement for the financing of premiums.*

37 (b) *"Provider of health care" has the meaning ascribed to it in*
38 *NRS 629.031.*

39 **Sec. 18.** Chapter 695B of NRS is hereby amended by adding
40 thereto a new section to read as follows:

41 1. *A hospital or medical services corporation that issues a*
42 *policy of health insurance shall provide coverage for screening,*
43 *genetic counseling and testing for harmful mutations in the BRCA*
44 *gene for women under circumstances where such screening,*



1 *genetic counseling or testing, as applicable, is required by section*
2 *I of this act.*

3 2. *A hospital or medical services corporation shall ensure*
4 *that the benefits required by subsection 1 are made available to an*
5 *insured through a provider of health care who participates in the*
6 *network plan of the hospital or medical services corporation.*

7 3. *A policy of health insurance subject to the provisions of*
8 *this chapter that is delivered, issued for delivery or renewed on or*
9 *after January 1, 2022, has the legal effect of including the*
10 *coverage required by subsection 1, and any provision of the policy*
11 *that conflicts with the provisions of this section is void.*

12 4. *As used in this section:*

13 (a) *“Network plan” means a policy of health insurance offered*
14 *by a hospital or medical services corporation under which the*
15 *financing and delivery of medical care, including items and*
16 *services paid for as medical care, are provided, in whole or in part,*
17 *through a defined set of providers under contract with the hospital*
18 *or medical services corporation. The term does not include an*
19 *arrangement for the financing of premiums.*

20 (b) *“Provider of health care” has the meaning ascribed to it in*
21 *NRS 629.031.*

22 **Sec. 19.** Chapter 695C of NRS is hereby amended by adding
23 thereto a new section to read as follows:

24 1. *A health maintenance organization that issues a health*
25 *care plan shall provide coverage for screening, genetic counseling*
26 *and testing for harmful mutations in the BRCA gene for women*
27 *under circumstances where such screening, genetic counseling or*
28 *testing, as applicable, is required by section I of this act.*

29 2. *A health maintenance organization shall ensure that the*
30 *benefits required by subsection 1 are made available to an enrollee*
31 *through a provider of health care who participates in the network*
32 *plan of the health maintenance organization.*

33 3. *A health care plan subject to the provisions of this chapter*
34 *that is delivered, issued for delivery or renewed on or after*
35 *January 1, 2022, has the legal effect of including the coverage*
36 *required by subsection 1, and any provision of the plan that*
37 *conflicts with the provisions of this section is void.*

38 4. *As used in this section:*

39 (a) *“Network plan” means a health care plan offered by a*
40 *health maintenance organization under which the financing and*
41 *delivery of medical care, including items and services paid for as*
42 *medical care, are provided, in whole or in part, through a defined*
43 *set of providers under contract with the health maintenance*
44 *organization. The term does not include an arrangement for the*
45 *financing of premiums.*



1 **(b) “Provider of health care” has the meaning ascribed to it in**
2 **NRS 629.031.**

3 **Sec. 20.** NRS 695C.050 is hereby amended to read as follows:

4 695C.050 1. Except as otherwise provided in this chapter or
5 in specific provisions of this title, the provisions of this title are not
6 applicable to any health maintenance organization granted a
7 certificate of authority under this chapter. This provision does not
8 apply to an insurer licensed and regulated pursuant to this title
9 except with respect to its activities as a health maintenance
10 organization authorized and regulated pursuant to this chapter.

11 2. Solicitation of enrollees by a health maintenance
12 organization granted a certificate of authority, or its representatives,
13 must not be construed to violate any provision of law relating to
14 solicitation or advertising by practitioners of a healing art.

15 3. Any health maintenance organization authorized under this
16 chapter shall not be deemed to be practicing medicine and is exempt
17 from the provisions of chapter 630 of NRS.

18 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
19 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to
20 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,
21 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, and
22 695C.265 do not apply to a health maintenance organization that
23 provides health care services through managed care to recipients of
24 Medicaid under the State Plan for Medicaid or insurance pursuant to
25 the Children’s Health Insurance Program pursuant to a contract with
26 the Division of Health Care Financing and Policy of the Department
27 of Health and Human Services. This subsection does not exempt a
28 health maintenance organization from any provision of this chapter
29 for services provided pursuant to any other contract.

30 5. The provisions of NRS 695C.1694 to 695C.1698, inclusive,
31 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17345,
32 695C.1735, 695C.1745 and 695C.1757 **and section 19 of this act**
33 apply to a health maintenance organization that provides health care
34 services through managed care to recipients of Medicaid under the
35 State Plan for Medicaid.

36 **Sec. 21.** NRS 695C.330 is hereby amended to read as follows:

37 695C.330 1. The Commissioner may suspend or revoke any
38 certificate of authority issued to a health maintenance organization
39 pursuant to the provisions of this chapter if the Commissioner finds
40 that any of the following conditions exist:

41 (a) The health maintenance organization is operating
42 significantly in contravention of its basic organizational document,
43 its health care plan or in a manner contrary to that described in and
44 reasonably inferred from any other information submitted pursuant
45 to NRS 695C.060, 695C.070 and 695C.140, unless any amendments



1 to those submissions have been filed with and approved by the
2 Commissioner;

3 (b) The health maintenance organization issues evidence of
4 coverage or uses a schedule of charges for health care services
5 which do not comply with the requirements of NRS 695C.1691 to
6 695C.200, inclusive, *and section 19 of this act* or 695C.207;

7 (c) The health care plan does not furnish comprehensive health
8 care services as provided for in NRS 695C.060;

9 (d) The Commissioner certifies that the health maintenance
10 organization:

11 (1) Does not meet the requirements of subsection 1 of NRS
12 695C.080; or

13 (2) Is unable to fulfill its obligations to furnish health care
14 services as required under its health care plan;

15 (e) The health maintenance organization is no longer financially
16 responsible and may reasonably be expected to be unable to meet its
17 obligations to enrollees or prospective enrollees;

18 (f) The health maintenance organization has failed to put into
19 effect a mechanism affording the enrollees an opportunity to
20 participate in matters relating to the content of programs pursuant to
21 NRS 695C.110;

22 (g) The health maintenance organization has failed to put into
23 effect the system required by NRS 695C.260 for:

24 (1) Resolving complaints in a manner reasonably to dispose
25 of valid complaints; and

26 (2) Conducting external reviews of adverse determinations
27 that comply with the provisions of NRS 695G.241 to 695G.310,
28 inclusive;

29 (h) The health maintenance organization or any person on its
30 behalf has advertised or merchandised its services in an untrue,
31 misrepresentative, misleading, deceptive or unfair manner;

32 (i) The continued operation of the health maintenance
33 organization would be hazardous to its enrollees or creditors or to
34 the general public;

35 (j) The health maintenance organization fails to provide the
36 coverage required by NRS 695C.1691; or

37 (k) The health maintenance organization has otherwise failed to
38 comply substantially with the provisions of this chapter.

39 2. A certificate of authority must be suspended or revoked only
40 after compliance with the requirements of NRS 695C.340.

41 3. If the certificate of authority of a health maintenance
42 organization is suspended, the health maintenance organization shall
43 not, during the period of that suspension, enroll any additional
44 groups or new individual contracts, unless those groups or persons
45 were contracted for before the date of suspension.



1 4. If the certificate of authority of a health maintenance
2 organization is revoked, the organization shall proceed, immediately
3 following the effective date of the order of revocation, to wind up its
4 affairs and shall conduct no further business except as may be
5 essential to the orderly conclusion of the affairs of the organization.
6 It shall engage in no further advertising or solicitation of any kind.
7 The Commissioner may, by written order, permit such further
8 operation of the organization as the Commissioner may find to be in
9 the best interest of enrollees to the end that enrollees are afforded
10 the greatest practical opportunity to obtain continuing coverage for
11 health care.

12 **Sec. 22.** Chapter 695G of NRS is hereby amended by adding
13 thereto a new section to read as follows:

14 *1. A managed care organization that issues a health care*
15 *plan shall provide coverage for screening, genetic counseling and*
16 *testing for harmful mutations in the BRCA gene for women under*
17 *circumstances where such screening, genetic counseling or*
18 *testing, as applicable, is required by section 1 of this act.*

19 *2. A managed care organization shall ensure that the benefits*
20 *required by subsection 1 are made available to an insured through*
21 *a provider of health care who participates in the network plan of*
22 *the managed care organization.*

23 *3. A health care plan subject to the provisions of this chapter*
24 *that is delivered, issued for delivery or renewed on or after*
25 *January 1, 2022, has the legal effect of including the coverage*
26 *required by subsection 1, and any provision of the plan that*
27 *conflicts with the provisions of this section is void.*

28 *4. As used in this section:*

29 *(a) "Network plan" means a health care plan offered by a*
30 *managed care organization under which the financing and*
31 *delivery of medical care, including items and services paid for as*
32 *medical care, are provided, in whole or in part, through a defined*
33 *set of providers under contract with the managed care*
34 *organization. The term does not include an arrangement for the*
35 *financing of premiums.*

36 *(b) "Provider of health care" has the meaning ascribed to it in*
37 *NRS 629.031.*

38 **Sec. 23.** The provisions of NRS 354.599 do not apply to any
39 additional expenses of a local government that are related to the
40 provisions of this act.

41 **Sec. 24.** This act becomes effective on January 1, 2022.

